

Procurement Department Bid Office

Customer Center 1st Floor, Room 002

21 W. Church Street

Jacksonville, Florida  32202

April 19, 2017

ADDENDUM NUMBER: TWO (2)

TITLE: Voluntary Group Vision Insurance Plan JEA RFP NUMBER: 080-17

BID DUE DATE: ~~April 25~~~~th~~~~, 2017~~ **April 28th 2017**

TIME OF RECEIPT: 12:00 PM

TIME OF OPENING**:** 2:00 PM

**THIS ADDENDUM IS FOR THE PURPOSE OF MAKING THE FOLLOWING CHANGES AND CLARIFICATIONS:**

**Add (1):**JEA adds the following documents to this Solicitation: Additions are in **Red** Bold Underlined Font.

* **080-17 Addendum 2 Appendix A – 36 Months Claims Experience**
* **080-17 Addendum 2 Appendix A - Forms (Revised)  
  This document replaces the prior Appendix A – Forms in its entirety.**

**Change (1):**Additions are in **Red** Bold Underlined Font. Deletions are in **~~Red~~** Bold Strikethrough Font.The Proposal Due Date for this Solicitation is amended from **~~Tuesday, April 25~~~~th~~ ~~2017~~** to **Friday, April 28th 2017** to as follows.

**Change (2):**Section 1.2.7 **REQUIRED FORMS TO SUBMIT WITH PROPOSAL** of the Solicitation Document is amended as follows. Additions are in **Red** Bold Underlined Font. Deletions are in **~~Red~~** Bold Strikethrough Font.

**1.2.7 REQUIRED FORMS TO SUBMIT WITH PROPOSAL**

To submit a Proposal in response to this RFP, all of the following forms must be completed and submitted

as part of the Proposal. The Proposer must obtain the required forms, other than the Minimum

Qualification Form, by downloading them from JEA.com. If the Proposer fails to complete or fails to

submit one or more of the following forms, the Proposal shall be rejected.

The following forms are required to be submitted:

• Minimum Qualification Form - This form can be found in **~~Appendix A~~** **Appendix A – Forms (Revised)** of this Solicitation.

**~~• Proposal Form - This form can be found in Appendix B of this Solicitation.~~**

• **~~Premium and Fees Form~~** **Proposed Premium and Fee Exhibits**

**If the above listed forms are not submitted with the Proposal by the Proposal Due Time and Date,**

**JEA shall reject the Proposal.**

JEA may also requests the following documents to be submitted prior to Contract execution. A Proposal

will not be rejected if these forms are not submitted at the Proposal Due Time and Date. However, failure

to submit these documents prior Contract execution could result in Proposal rejection.

• List of Subcontractors/Shop Fabricators (if applicable)

• Conflict of Interest Certificate Form - This form can be found on JEA.com

• Insurance Certificate

• W-9

• Evidence of active registration with the State of Florida Division of Corporations

(www.sunbiz.org)

• Any technical submittals as required by the Technical Specifications

**Change (3):**Section 1.1.2 **SCOPE OF WORK** of the Solicitation Document is amended as follows. Deletions are in **~~Red~~** Bold Strikethrough Font.

* + 1. SCOPE OF WORK

The JEA (“**Buyer**”) intends to contract with a Group Vision Insurance Company to provide the professional services described in this Request for Proposal (“**RFP**”). Companies interested in submitting a response to this RFP (a “**Proposal**”) should carefully review this RFP for instructions on how to respond and for the applicable contractual terms. This RFP is divided into the following sections:

Section 1 Solicitation

Section 2 Contract Terms and Conditions

Section 3 Required Forms Section 4 Required Forms

Section 4 Selection Criteria

Section 5 Group Vision Plan Model

Section 6 Benefit Plan Deviations

Section 7 RFP Questionnaire and Interrogatories

Section 8 Proposed Premium and Fee Exhibits

Section 9 Financial and Claim Reporting Package

Section 10 Required Insurance Certificate

**Scope of Services**

Each Proposer(s) must provide information to demonstrate their capabilities, past and present, in providing the following services:

1. In accordance with Chapter 126, Part 3, of the Jacksonville Municipal Code, the JEA is soliciting competitive proposals with this Request for Proposal (RFP), to provide a Voluntary Group Vision Insurance Plan and other requested services for all fulltime employees, retirees and their eligible dependents.

1. The effective date of this plan of benefits is to be January 1, 2018.

1. Please Quote: Fully Insured
2. The JEA is seeking one (1) vision insurance company to provide the requested Group Vision Insurance Plan to the active employees, retirees and their eligible dependents.
3. Provide one (1) quality Group Vision Insurance plan.

1. Provide quality and effective vision plan administration.
2. Provide realistic and competitive premiums for the requested services.
3. Proposer must be able to accept electronic submissions of enrollment and eligibility transferred by the JEA via HIPAA secured files.
4. Provide quality claims service and adjudication.
5. Provide excellent and timely client and member services.
6. The Vision Insurance Company must use a unique member identifier other than Social Security numbers.
7. **~~Provide a large quality network of retail and ear care professionals with timely access for appointments and short wait periods for service.~~**
8. Provide a comprehensive premium and claims reporting package. This package at a minimum will report by benefit plan, total premiums paid, total paid claims, number of participating employees and dependents and utilization on a monthly basis.
9. Provide and promote eye health education and healthy lifestyles for all of the JEA’s members.
10. Provide quality educational and informational materials concerning vision health to the employees of the JEA.
11. Provide the employees and covered dependents access to a dedicated and secure online web site to provide eligibility, claims payment information, network provider information and other information pertinent to the JEA’s employee benefit plans.
12. Provide appropriate number of company representatives to assist the JEA with educational seminars, health fairs, lunch and learns and other carrier related educational and promotion activities.
13. The successful proposer is expected to provide prompt and professional member service. Each proposer should identify the location and staffing levels of the member service center that will provide service to the JEA and their eligible membership. A member service “800” telephone number, internet and website access must be made available to the JEA and its members.

**Change (4):**Section 1.3.7 **SUBCONTRACTORS** of the Solicitation Document is amended as follows. Deletions are in **~~Red~~** Bold Strikethrough Font.

### SUBCONTRACTORS

The Company shall list the names of all Subcontractors and sub-suppliers/shop fabricators that it plans to utilize for the performance of the Work.  All subcontractors shall be listed on the Subcontractors Form which is available at jea.com.  **~~Failure to submit this form with the Bid/Proposal shall result in rejection of Company's Bid/Proposal.~~**  The Company shall not use Subcontractors and sub-suppliers/shop fabricators other than those shown on the Subcontractor form unless it shows good cause and obtains the JEA Representative's prior written consent.

If the Company plans to use Subcontractors or sub - supplier/shop fabricators to perform over 50% of the Work, the Company shall obtain JEA's approval at least five (5) days prior to the Bid/Proposal Due Date.  Failure to obtain JEA approval will disqualify the Company and result in rejection of Company's Bid/Proposal.

**Add (2):**JEA provides the following questions and answers.  
 **Supplier Inquiry:**I am working on the proposal response and the RFP states we need Proposal Form found in appendix B as listed on page 14. I cannot locate this form. Can this be sent, or is it not needed for this RFP response?   
**JEA Response: See Change (2): of this Addendum.**

**Supplier Inquiry:**  
Please confirm the proposal due date.

**JEA Response: The Proposal Due Date has been amended to Friday, April 28th 2017 per Change 1: of this Addendum.**

**Supplier Inquiry:**  
Please provide the census in excel format.

**JEA Response: The census in MS Excel Format is contained within Addendum 1 of this Solicitation.**

**Supplier Inquiry:**Please provide the questionnaire in word format.  
**JEA Response: The questionnaire in MS Word Format is contained within Addendum 1 of this Solicitation.**

**Supplier Inquiry:**  
Please provide the last 12 or 24 months claims experience from the current vision carrier.

**JEA Response: See Add (1): of this Addendum.**

**Supplier Inquiry:**

Please provide the Proposal Form and the Premium and Fees form.

**JEA Response: See Change (2): of this Addendum.**

**Supplier Inquiry:**  
Please confirm that you are seeking one insurance company to provide vision benefits for JEA.

**JEA Response: Confirmed.**

**Supplier Inquiry:**  
On page 10, it states “Provide a large quality network of retail and ear care professionals with timely access for appointments and short wait periods for service.” Please clarify if you are looking for ear care as well.

**JEA Response: See Change (3): of this Addendum.**

**\*\*\*\* Bidder shall submit a copy of this Addendum with the Required Forms Section\*\*\*\***